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PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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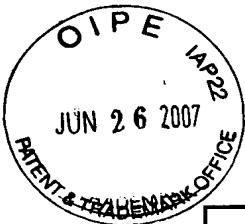
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/862,636-Conf. #1483
		Filing Date	May 22, 2001
		First Named Inventor	Ervin Goldfain
		Art Unit	2873
		Examiner Name	B. N. Thomas
Total Number of Pages in This Submission	8	Attorney Docket Number	281_329.02

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	PTO/SB/30 Request For Continued Examination (2 pages), PTO/SB/08A (1 page), Copy of Cited References BA-BB, CA-CB, Return Mailroom Postcard, Certificate of Express Mailing
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MARJAMA & BILINSKI LLP		
Signature			
Printed name	George S. Blasiak		
Date	June 27, 2007	Reg. No.	37,283

Transmittal	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, No. EM019405373US, on the date shown below in an envelope addressed to: MS 313 (c), Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: June 27, 2007	Signature: (Susan Pagano)



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known	
		Application Number	09/862,636-Conf. #1483
		Filing Date	May 22, 2001
		First Named Inventor	Ervin Goldfain
		Examiner Name	B. N. Thomas
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2873	
TOTAL AMOUNT OF PAYMENT	(\$) 1100.00	Attorney Docket No.	281_329.02

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Marjama & Bilinski LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...	790.00
1806 Submission of an Information Disclosure Statement	180.00
1464 Petition to Withdraw From Issue	130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	37,283	Telephone	(315) 425-9000
Name (Print/Type)	George S. Blasiak	Date	June 27, 2007		

Fee Transmittal

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Dated: June 27, 2007

Signature: (Susan Pagano)

The PTO did not receive the following listed item(s) A check for \$1,100.00



Application No. (if known): 09/862,636

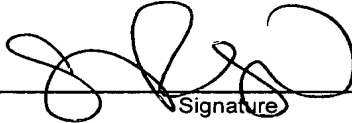
Attorney Docket No.: 281_329.02

Certificate of Express Mailing Under 37 CFR 1.10

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Susan Pagano

Typed or printed name of person signing Certificate

Registration Number, if applicable

(315) 425-9000
Telephone Number

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IDS (Citation) by Applicant (11 References) (1 page)